

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90075 009 ****55.00

DOCUMENT # L05000029288

1. Entity Name

RAY SMITH WALL COVERING, LLC



Principal Place of Business

5908 GROTTO AVE
PENSACOLA FL 32507-8419

Mailing Address

5908 GROTTO AVE
PENSACOLA FL 32507-8419

Same

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

141-92-8169

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

SMITH, RAYMOND T JR
5908 GROTTO AVE
PENSACOLA FL 32507-8419

7. Name and Address of New Registered Agent

Name *LEE BURNS*

Street Address (P.O. Box Number is Not Acceptable)

13725 RIVER RD.

City *Pensacola*

FL

Zip Code *32507*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Raymond T Smith Jr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SMITH, RAYMOND T JR
5908 GROTTO AVE
PENSACOLA FL 32507-8419 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEE BURNS
13725 RIVER RD.
PENSACOLA FL 32507 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Raymond T Smith Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-26-06 *850 341-1880*